

_____ County

IN THE MATTER OF:

Name And Address Of Respondent

Name And Address Of Caretaker

Name And Address Of Petitioner

Telephone Number Of Petitioner

**PETITION FOR ORDER
TO INSPECT FINANCIAL RECORDS
AND TO FREEZE ASSETS**

G.S. 108A-106(f); 53B-4(11); 53B-5

Name And Address Of Attorney For Petitioner

Telephone Number of Petitioner's Attorney

State Bar No.

The petitioner is the director of the county department of social services authorized to file this petition pursuant to 108A-14(a)(14) and 108A-106(f), having sufficient knowledge to believe that a factual basis exists that invokes the jurisdiction of this Court, and therefore shows the Court that:

1. The respondent is
 - A resident of this county or can be found in this county.
 - A disabled adult _____ years of age or a lawfully emancipated minor _____ years of age present in the state of North Carolina and is physically or mentally incapacitated as defined in G.S. 108A-101(d).
2. The respondent lacks the capacity to consent to protective services and no other person is able or willing to arrange for protective services based on the following:

3. The respondent's financial assets are being exploited by her/his caretaker based on the following:

4. There is a reason to believe that the respondent's financial assets are in need of immediate protection. The basis for this belief is:

5. The specific financial records requested are:

6. The respondent's financial accounts include, but may not be limited to accounts at:

Name And Address Of Financial Institution	Name And Address Of Financial Institution
Name And Address Of Financial Institution	Name And Address Of Financial Institution

Petitioner prays the Court to order, pursuant to G.S. 108A-106(f):

1. The respondent's financial assets be frozen and not withdrawn, spent or transferred without prior order of this Court.
2. The financial institutions with assets belonging to respondent make respondent's specified financial records available for inspection by the petitioner.

VERIFICATION

Being first duly sworn, I say I have read this petition and that the same is true to my knowledge, except as to those matters alleged upon information and belief, and as to those, I believe them to be true.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date	Signature Of Person Authorized To Administer Oaths	Signature Of Petitioner
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Director <input type="checkbox"/> Director's Authorized Representative
<input type="checkbox"/> Notary	Date Commission Expires	
SEAL	County Where Notarized	